

**Ryan White Part A Program
Serving the Middlesex, Somerset, Hunterdon
Transitional Grant Area**



Substance Use Disorder Treatment Service Standards

Ryan White HIV/AIDS Treatment Extension Act of 2009

Approved July 2019

Prepared by

**Service Standards and Integrated Care Plan Committee of the
Middlesex-Somerset-Hunterdon HIV Health Services Planning Council**

Substance Use Disorder Treatment Outpatient Care Definition:

HRSA definition: Substance Use Disorder Treatment Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Use Disorder Treatment service category include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
 - o Pretreatment/recovery readiness programs
 - o Harm reduction
 - o Behavioral health counseling associated with substance use disorder
 - o Outpatient drug-free treatment and counseling
 - o Medication assisted therapy
 - o Neuro-psychiatric pharmaceuticals
 - o Relapse prevention

Program Guidance: Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the HRSA RWHAP, it is included in a documented plan. Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific HIV/AIDS BUREAU POLICY 16-02 17 guidance. See also Substance Abuse Services (residential).

Staff Service Standards

(Substance Use Disorder Treatment)

Table 2. Staff Related Issues			
Policy Number	Activity/Issue	Minimum Acceptable Threshold of Service	Accountability Mechanism
1.1	Staff hiring	All staff will have necessary skills and experience determined by: <ul style="list-style-type: none"> • Application • Resume • References • Personal Interview • Background Checks 	100% of hired staff will have application, resume, communication with personal references and background checks documented in personnel files.
1.2 (a)	Staff qualifications	All staff have appropriate licensing certifications documented in personnel file. See NJ Workforce for information about certifications: https://www.nj.gov/humanservices/dmhas/initiatives/workforce/	100% of staff possess appropriate licensing or credential requirements or are in the process of acquiring appropriate licensing or credentials.
1.2 (b)	Staff qualifications Peer Navigator	A member of the peer community living with HIV/AIDS with a high school diploma or GED, plus two years of social service experience. Peer must demonstrate understanding of HIV services and healthcare service navigation.	100% of staff possesses a diploma/GED with the required experience documented in personnel file.
1.3	Staff job descriptions	Job description is documented in personnel file and reviewed annually.	100% of staff has job description and service standard documented in personnel file.
1.4	Staff training	All staff are trained and knowledgeable on: <ul style="list-style-type: none"> • HIV/AIDS and the affected tri county community including disease process, co-morbidities and psychosocial effects of the disease. • Cultural sensitivity • Entitlement programs, benefits to clients, and community resources/support services • Client confidentiality, client rights, agency grievance procedures • Addiction Training 	100% personnel files document training. 100% of staff will be trained on evidence based treatment services.

		<ul style="list-style-type: none"> Evidence based clinical services 	
1.5	Staff continuing education	<p>All staff are required to take continuing education training that is available and appropriate.</p> <p>Staff attend at least one in-service or specialized training a year on topics related to their position.</p>	100% of trainings documented in personnel files.
1.6	Policies and procedures	Signed form is documented in personnel file.	100% of staff members agree to follow agency policies and procedures including but not limited to Agency Substance Use Disorder Treatment Service Standards.
1.7 (a)	<p>Staff supervision</p> <p>Staff supervision continued</p>	<p>All supervisors are knowledgeable about RW HIV Substance Use Disorder Treatment Services and procedures including fiscal and program</p> <p>All Substance Use Disorder Treatment staff will receive (at minimum) one hour clinical supervision per week.</p>	<p>100% of supervisors are knowledgeable about RW program.</p> <p>Supervision is documented in personnel file.</p>
1.7 (b)	Staff supervision Peer Navigator	All peer navigators will receive (at minimum) one hour supervision per week to include patient case conference, peer navigator job performance, and skill development	Supervision is documented in personnel file.
1.8	Staff evaluation	Staff evaluations are documented in personnel file.	100% of staff members are evaluated on their performance annually.
1.9	Documentation	All staff will keep written documents of contact with clients in accordance with RW data collection procedures.	100% of all contacts are documented in client files.

Client Service Standards (Substance Use Disorder Treatment)

Table 3. Client Related Issues			
Policy Number	Activity/Issue	Minimum Acceptable Threshold of Service	Accountability Mechanism
2.1	Assessment	At the end of assessment assign and American Society of Addiction Medicine (ASAM) level of care. New Jersey Substance Use Disorder Treatment Monitoring System (NJSAMS)	100% of clients show documentation that intake has been entered into the NJSAMS system.
2.2	Rationale for treatment includes at least one of the following conditions:	<ul style="list-style-type: none"> • Pretreatment/recovery readiness programs • Harm reduction • Behavioral health counseling associated with substance use disorder • Outpatient drug-free treatment and counseling • Medication assisted therapy • Neuro-psychiatric pharmaceuticals • Relapse prevention 	<p>100% of clients show a diagnosis consistent with HAB/HRSA definition of substance use disorder treatment.</p> <p>90% of client charts specify at least one of these types of interventions.</p>
2.3	Design comprehensive treatment plan based upon ASAM level of care.	<p>Treatment plans are created in collaboration with the client within 30 days.</p> <p>Counselor must engage client in the development of the treatment plan.</p> <p>Assessment is conducted every 90 days.</p>	<p>90% of clients will have a treatment plan created within the ascribed timeframe.</p> <p>90% of clients sign treatment plans.</p> <p>90% of treatment plans are updated every 90 days.</p>
2.4	Monitor substance use.	<p>Document monitoring activities at a minimum of 8 times annually using two or more of the following methods:</p> <ul style="list-style-type: none"> • Urinalysis • Oral Swabs • Self Disclosure 	100% of clients are monitored for substance use at a minimum of 8 times annually.
2.5	Address client specific needs as identified in the treatment process, to promote the reduction of Substance Use Disorder Treatment, including alcohol	Ensure that services are tailored to the specific needs of the client's presenting problems. Promote compliance with treatment plan goals.	<p>100% of treatment plans will be directly related to the rationale for treatment.</p> <p>Within a 12 month period, substance use among clients will be reduced by 70%.</p>

	and/or legal drugs as well as illegal drugs.		
2.6	Coordinate with Ryan White service providers to ensure optimal substance use disorder treatment outcomes.	Ensure the capacity to communicate and coordinate on behalf of mutual clients.	85% documentation of communication with medical provider maintained in client file.
2.7	Ensure coordination of care with medical providers.	Ensure Hepatitis C testing either onsite or via referral	90% documentation of testing or referral to Hepatitis C testing.